

# FEC FORM 2

## STATEMENT OF CANDIDACY

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14 MAY 12 PM 1:53

1. (a) Name of Candidate (in full) TERRI LYNN LAND		
(b) Address (number and street) 7955 BYRON STATION CT SW		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code BRYON CENTER MI 49315		2. Candidate's FEC Identification Number S4MI00363
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate
6. State & District of Candidate MI 00		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) TERRI LYNN LAND FOR SENATE		
(b) Address (number and street) PO BOX 308		
(c) City, State, and ZIP Code GRANDVILLE MI 49418		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) LEGACY VICTORY COMMITTEE		
(b) Address (number and street) 901 N. WASHINGTON STREET SUITE 700		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate TERRI LYNN LAND	Date 05/08/2014
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

Page 2 / 2

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2014 SENATORS CLASSIC COMMITTEE

(b) Address (number and street)

228 S WASHINGTON STREET SUITE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

COTTON-LAND VICTORY COMMITTEE

(b) Address (number and street)

C/O RED CURVE SOLUTIONS

138 CONANT STREET, FIRST FLOOR

(c) City, State and ZIP Code

BEVERLY

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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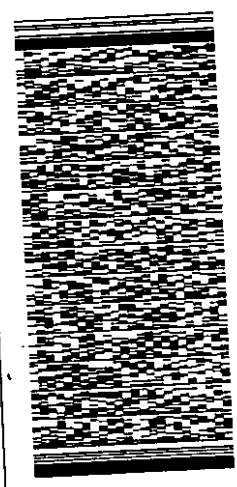
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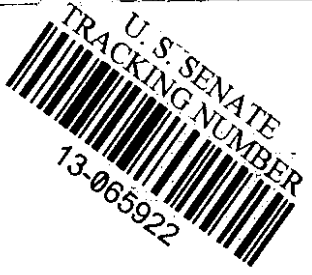
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